



NOTICE OF PROPOSED RULE ADOPTION

STATE OF MISSISSIPPI OFFICE OF THE GOVERNOR DIVISION OF MEDICAID

Miss. Division of Medicaid
c/o Ginnie McCardle, Staff Officer
Walter Sillers Building
550 High St.
Suite 1000
Jackson, MS 39201-1399
(601) 359-6310
<http://www.medicaid.ms.gov>

Specific Legal Authority authorizing the promulgation of
Rule: Miss. Code Ann. §43-13-121(1972), as amended

Reference to Rules repealed, amended or suspended by the
Proposed Rule : MS State Plan Attachment 3.1-F, Page 1 through Page 13

Explanation of the Purpose of the Proposed Rule and the reason(s) for proposing the rule:

SPA2010-004 This State Plan Amendment is being filed in order for MS Division of Medicaid to implement a coordinated care program, entitled MississippiCAN. This program is for a certain targeted, high-cost population (SSI, Foster Care, Working Disabled, Disabled Children Living at Home, Breast and Cervical Cancer waiver participants). The purpose of the program is to improve the health of this population thereby accomplishing a cost savings to the agency. This was filed with CMS on February 26, 2010. This filing is to give notice of an oral proceeding scheduled for May 25, 2010.

This rule is proposed as a ☒ Final Rule, and/or a ☒ Temporary Rule (Check one or both boxers as applicable.)

Persons may present their views on the proposed rule by addressing written comments to the agency at the above address. Persons making comments should include their name and address, as well as other contact information, and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Oral Proceeding:

Check one box below:

☒ An oral proceeding is scheduled on this rule on Date: May 25, 2010 Time: 9:00 a.m. to 11:00 a.m.
Place: War Memorial Building
120 N. State St., Jackson, MS 39201

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least 5 day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

☐ An oral proceeding is not scheduled on this rule. Where an oral proceeding is not scheduled, an oral proceeding will be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address and telephone number of the person(s) making the request; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

Economic Impact Statement: Check one box below:

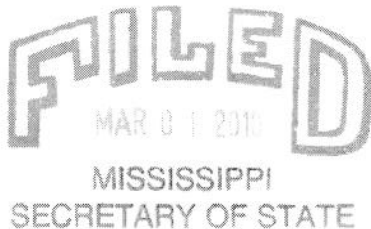
☒ The agency has determined that an economic impact statement is not required for this rule, or
☐ The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: May 3, 2010

Proposed Effective Date of Rule: July 1, 2010


Executive Director
Signature and Title of Person Submitting Rule for Filing



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Miss. Division of Medicaid
c/o Ginnie McCardle, Spec. Proj. Officer
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550 High St.
Suite 1000
Jackson, MS 39201-1399
(601) 359-6310
<http://www.dom.state.ms.us>

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Oral Proceeding: Check one box below:

☐ An oral proceeding is scheduled on this rule on Date: _____ Time: _____
Place: _____

If you wish to be heard and present evidence at the oral proceeding you must make a written request to the agency at the above address at least _____ day(s) prior to the proceeding to be placed on the agenda. The request should include your name, address, telephone number as well as other contact information; and if you are an agent or attorney, the name, address and telephone number of the party or parties you represent.

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Economic Impact Statement: Check one box below:

- ☒ The agency has determined that an economic impact statement is not required for this rule, or
☐ The concise summary of the economic impact statement required is attached.

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Date Rule Proposed: March 1, 2010

Proposed Effective Date of Rule: July 1, 2010

Executive Director

Signature and Title of Person Submitting Rule for Filing